Training Summary
Exhibit 10

1. Training Name:
   Training Date:
   Class (if applicable): IS700
   Training Type: Class with Competency
   Sub Capability Addressed: Patient Movement
   Number of Staff Trained:
   Other entities present:

2. Training Name:
   Training Date:
   Class (if applicable): IS700
   Training Type: Class with Competency
   Sub Capability Addressed: Patient Movement
   Number of Staff Trained:

3. Training Name:
   Training Date:
   Class (if applicable): IS700
   Training Type: Class with Competency
   Sub Capability Addressed: Patient Movement
   Number of Staff Trained:

4. Training Name:
   Training Date:
   Class (if applicable): IS700
   Training Type: Class with Competency
   Sub Capability Addressed: Patient Movement
   Number of Staff Trained: